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CONFIRMATION NO. 3712

SERIAL NUMBER 10/797,850	FILING OR 371(c) DATE 03/10/2004 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. HYG 1194-019B
APPLICANTS Fredrick O. Cope, Columbus, OH; ** CONTINUING DATA ***** This appln claims benefit of 60/453,154 03/10/2003 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/25/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 35	TOTAL CLAIMS 14
			INDEPENDENT CLAIMS 6	
ADDRESS 08698				
TITLE System for managing pathogens and irritants and monitoring usage of anti-bacterial formulations				
FILING FEE RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	